



ZONING/BUILDING PERMIT APPLICATION

Permit # _____

Division of Zoning & Development Services
Fauquier County Department of Community Development
29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 540-422-8230
Zoning Phone: 540-422-8220
Facsimile: 540-422-8231

Fill out all relevant sections COMPLETELY – Incomplete applications cannot be processed and will be returned

OWNER/PROPERTY INFORMATION:

Owner's Full Name: _____ Phone: (Day) _____
Name must match record owner shown on recorded deed

Parcel Address: _____ Email: _____

Property Identification Number: _____ Acres: _____ Lot #: _____ of _____ Subdivision

UTILITY INFORMATION:

Water: ☐ Private ☐ Public _____
Name of Provider

Septic/Sewer: ☐ Private ☐ Public _____
Name of Provider

Electrical Service: _____
Amps Name of Provider

☐ New Service ☐ Existing Service

MECHANIC'S LIEN AGENT:

☐ No Mechanic's Lien Agent Requested

☐ Yes Mechanic's Lien Agent Requested

Mechanic's Lien Agent Name: _____

Address & Phone # _____

PROPOSED CONSTRUCTION INFORMATION:

☐ RESIDENTIAL

☐ COMMERCIAL

If proposed construction is residential, how many total bedrooms will exist upon completion of construction? _____

Height of proposed structure: _____ ft. (Note: Height measured from average finished grade) Number of Stories: _____

Building Code Used: ☐ Virginia Residential Code, Year _____ ☐ Virginia Construction Code, Year _____

Scope of Work:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Gas
- ☐ Electrical
- ☐ Mechanical
- ☐ Plumbing
- ☐ Repair/Replacement
- ☐ Change of Use
- ☐ Moving Structure
- ☐ Swimming Pool
- ☐ Pond
- ☐ Sign
- ☐ Other _____

DESCRIBE IN DETAIL THE PROPOSED WORK BEING DONE: [Note: If use of building is being changed or if joint use is being added, enter all new proposed use(s) and also define existing use(s).]

Valuation of work: \$ _____

RESIDENTIAL (Square Footage)

| Existing/New | Existing/New | Existing/New |
|---------------------------------|---------------------------|-----------------|
| ____/____ 1 st floor | ____/____ Garage Attached | ____/____ Porch |
| ____/____ 2 nd floor | ____/____ Garage Detached | ____/____ Deck |
| ____/____ 3 rd floor | ____/____ Carport | ____/____ Stoop |
| ____/____ Basement Finished | ____/____ Walk-Up | ____/____ Pool |
| ____/____ Basement Unfin. | ____/____ LPG Tank | ____/____ Shed |
| ____/____ #LPG Fireplaces | UST- AST / Gallons | ____/____ Other |
| ____/____ #Wood Fireplaces | ____/____ #Oil Tank | ____/____ TOTAL |

COMMERCIAL (Square Footage)

| Existing/New | Existing/New |
|---------------------------------|-----------------------|
| ____/____ 1 st floor | ____/____ Porch |
| ____/____ 2 nd floor | ____/____ Deck |
| ____/____ 3 rd floor | ____/____ # Fireplace |
| ____/____ 4 th floor | ____/____ Pool |
| ____/____ Other | ____/____ Signs |
| ____/____ Other | ____/____ Other |
| ____/____ | ____/____ TOTAL |

-Continued on next page-

APPLICANT INFORMATION AND CERTIFICATION:**I hereby certify that:**

- I have read and examined this application and know the information provided is true and correct.
- I acknowledge that the granting of a permit does not presume to give authority to violate or cancel the provisions of any local or state law regulating construction or the performance of construction, and by applying for this permit I hereby agree to adhere to all County and State laws.
- I acknowledge that an application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued.
- I acknowledge that the Building/Zoning Official shall be permitted to revoke a permit if work on the site authorized by the permit is not commenced within six months after issuance of the permit, or if the authorized work on the site is suspended or abandoned for a period of six months after the permit is issued. I acknowledge that the permit holder is responsible to call for an inspection within the 1st six months as proof work has commenced. Inspections will be required at six month intervals as proof of continuance of construction and shall extend the permit six months from that date. If no inspections are performed within the six month interval a request for an extension of the permits may be made, with additional fees charged.
- I acknowledge that the Building Official shall be permitted to require a three year time limit to complete construction of new detached single-family dwellings, additions to detached single-family dwellings and residential accessory structures. The time limit shall begin from the issuance date of the permit.
- I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent. _____ Agent's Initials

_____/_____/_____
 Name of Applicant: Print Signature Date

Contact Information for Applicant: Phone: _____ Email: _____

Applicant is: ☐ Owner ☐ Lessee ☐ Contractor ☐ Agent ☐ Other _____

FOR OFFICIAL USE ONLY: ZONING

Zoning Designation: _____ Required Setbacks- Front: _____ Side: _____ Rear: _____

Do the following apply to the property?

Floodplain: ☐ No ☐ Yes

BOS Easement: ☐ No ☐ Yes

Proffers: ☐ No ☐ Yes... Case #: _____

Site Plan: ☐ No ☐ Yes... Case #: _____

SP or SE: ☐ No ☐ Yes... Case #: _____

Notes/Comments For Permit:

☐ **ADMIN
PERMIT
APPROVAL**

_____/_____
 Signature: Zoning Administrator/Staff

 Date

Fee Due: \$ _____

Fee Paid: \$ _____

FOR OFFICIAL USE ONLY: BUILDING**FEES:**

Minimum Submittal Fee:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Paid at Submittal:

\$ _____

Photocopies: Black

_____ \$ _____

Photocopies: Color

_____ \$ _____

Building:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Electrical:

_____ \$ _____

_____ \$ _____

Plumbing:

_____ \$ _____

Water/Sewer:

_____ \$ _____

_____ \$ _____

Mechanical:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Certificate of Occupancy:

_____ \$ _____

2% Virginia Fee Levy

800 \$ _____

Plan Review:

_____ \$ _____

Erosion & Sediment:

_____ \$ _____

Total Permit Fees:

\$ _____

- Less

Total Paid at Submittal:

\$ _____

Total Fees Due:

\$ _____

_____/_____
 Signature: Building Official/Staff

 Date

Application Received By: _____ Date: _____ Notes: _____

Re-Submittal Received By: _____ Date: _____ Notes: _____